



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

December 19, 2006

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

License #: RC-502

Dear Ms. Thomas:

On October 31, 2006, a state licensure survey was conducted at Quail Ridge Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Karen McDannel, RN

KAREN MCDANNEL
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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November 7, 2006

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

Dear Ms. Thomas:

On October 31, 2006, a State Licensure survey was conducted at Quail Ridge Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 30, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'JS' or 'J. Simpson', written in a cursive style.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2006
NAME OF PROVIDER OR SUPPLIER QUAIL RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 797 HOSPITAL WAY POCATELLO, ID 83201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health survey conducted at your facility. The surveyors conducting the standard health survey were:</p> <p>Karen McDannel, R.N. Team Coordinator Health Facility Surveyor</p> <p>Rebecca Winter, R.N. Health Facility Surveyor</p> <p>Rae Jean McPhillips, R.N. B.S.N. Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Quail Ridge Assisted Living	Physical Address 797 Hospital Way	Phone Number 233-8875
Administrator Jodi Thomas	City Pocatello	ZIP Code 83201
Survey Team Leader Karen McDannel	Survey Type Standard	Survey Date 10/31/06

NON-CORE ISSUES

[illegible]

Response Required Date 12/1/06	Signature of Facility Representative 	Date Signed 10/31/06
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